

L21000452718

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000304458 3)))



H240003044583ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ECUADORIAN TRAVEL ADVENTURES, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FILED
2024 SEP -9 PM 3:28

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMUEUX

SEP 10 2024

Articles of Amendment to LLC Articles of Organization of
Ecuadorian Travel Adventures, L.L.C.

The Articles of Organization for this Limited Liability Company were filed on
10-18-21 and assigned Florida document number
421000452718.

This amendment is submitted to amend the following:

add: Joelmy Roche Diaz
(AMBR/RA)

11750 SW 26 terr. 33175 MIAMI FL

change title of

LOURDES Damaris PAZ Cata to (UGR)
(10%)

These articles of amendment were adopted on

9/5/24

Dated

9/5/24

Signature of a member or authorized representative of a member

LOURDES Damaris PAZ Cata
Typed or printed name of signee

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

X [Signature]

Signature of New Registered Agent, if changing

September 9, 2024

EQUADORIAN TRAVEL ADVENTURES, L.L.C.
11370 SW 7ST
MIAMI, FL 33174

SUBJECT: EQUADORIAN TRAVEL ADVENTURES, L.L.C.
REF: L21000452718

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please give the complete address 11750 SW 26 Terra 33175? Also

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM, 4. EVENTS, 6. NAMES
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST
ENTER SELECTION AND CR:

please type or write the new RA/AMBR's name so it can be read.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H24000304458
Letter Number: 024A00020107

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM, 4. EVENTS, 6. NAMES
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST
ENTER SELECTION AND CR: